



#8 2176 +

PTO/SB/21 (modified)  
Approved for use through xx/xx/xx, OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence during pendency of filed application)	0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/687,612
			Filing Date	October 10, 2000
			First Named Inventor	Claude Vogel
			Group Art Unit Number	2176
			Examiner Name	Unknown
Total Number of Pages in This Submission		4	Attorney Docket Number	61647-07352

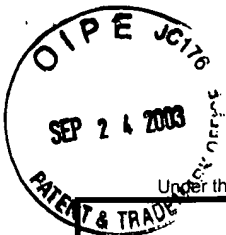
RECEIVED

ENCLOSURES (check all that apply)		SEP 26 2003
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal	Technology Center 2100
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson	
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ]	
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request For Withdrawal As Attorney Or Agent (in triplicate)	
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____	
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____	
<input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____	
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____	
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____	

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Stuart P. Meyer, Reg. No. 33,426	Dated:	Sept. 8, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Linda McGuire	Dated:	Sept. 18, 2003
Express Mail Mailing Number (optional):			



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	09/687,612	<b>RECEIVED</b> SEP 26 2003 Technology Center 2100
Filing Date	October 10, 2000	
First Named Inventor	Claude Vogel	
Group Art Unit	2176	
Examiner Name	Unknown	
Attorney Docket Number	61647-07352	

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Jonathan Aberman Fish & Richardson P.C.				
Address	1425 K Street, N.W., Suite 1100				
Address					
City	Washington, D.C.	State		Zip	20005
Country	U.S.A.				
Telephone	Tel.: 202 783-5070	Fax	Fax: 202 783-2331		

- ☒ This request is made on behalf of myself and  
☐ all the attorneys/agents of record,  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number 00758  
on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Stuart P. Meyer
Signature	
Date	September 18, 2003

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

61647/07352/DOCS/1375457.1